L16000125109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500287509045

07/20/16--01016--009 **25.00

FILED

MES JUL 20 P I: 24

MESSAGE STATE

S Warren JUL 2 1 2016

COVER LETTER

ΓΟ: Registration Section Division of Corpo				
SUBJECT: MAKI HAI	NDMADE LLC		1177	
	Name of Lim	ited L	iability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitte	d for filing.	
Please return all corresponde	ence concerning this matter	to the	e following:	
			Jaime Reyes	
			Name of Person	
	CBA Miai	ni LL		
			Firm/Company	
	11890 SW 8	3th S	treet Office 201	
			Address	
	Miami, F			
	cbamiamillc@gm		y/State and Zip Code	
•	E-mail address: (to be	used for future annual report not	ification)
For further information cond	eerning this matter, please c	all:		
Jaime Reyes			at (786)728 5603	3
Name of Pe	erson		Area Code Daytim	ne Telephone Number
Enclosed is a check for the f	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Þ	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAKI HANDMADE LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabil	is it now appears lity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company wer	re filed on	06/30/2016	and assigned
Florida document number <u>L16000125109</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the des		reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			1000000
_			O
		S S S S S S S S S S S S S S S S S S S	
Enter new mailing address, if applicable:		ORA	7
Mailing address MAY BE A POST OFFICE BOX)	*	Dri P	Ĕ
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on	our records, <u>enter t</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			<u></u> .
	Enter Floria	la street address	
		, Florida	
	City		Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Brian Dabul	_11890 SW 8TH Street - Apt. 201	⊠ Add
		Miami, FI, 33184	□ Remove
	•		Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
	 		Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			Pladding.
			D Remove
			Remove

	ling any other information, enter change(s) here: (Attach additio	• • • • • • • • • • • • • • • • • • • •
	· .	
•		· · · · · · · · · · · · · · · · · · ·
_		
· ——		
		·
-	*	
_		
n effecti i <mark>te:</mark> If i	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or methodate inserted in this block does not meet the applicable statutory filing's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective to Oth day after the record is filed.	ime, at 12:01 a.m. on the earlier
ted	July 08 , 7016	
	1 1/2	entity*
	Signature of a member or authorized representative	of a member.
	HERMAN MANDER COOK	The same of the sa
	#ERNAVI HENDOZA BRION Typed or printed name of signee	
		FI ST
	Page 3 of 3	RATE RED

Filing Fee: \$25.00